



# Hepatitis C Virus (HCV) Testing and Prevention Counseling Guidelines for VA Health Care Practitioners

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\*The attachments are provided to enhance the core sections for the provider. The attachments provide a brief overview of the topics discussed. Please visit the VA HCV website: <http://www.va.gov/hepatitisc> to download educational materials appropriate for your patient. Also, contact the Centers for Disease Control Hepatitis C Division or the VA Centers of Excellence in Hepatitis C Research and Education if you require additional information.

## **I. Objective of the Hepatitis C Virus (HCV) Testing and Prevention Counseling Guidelines for VA Health Care Practitioners:**

To offer guidelines to providers in a variety of VA settings who assist veterans in identifying their HCV status, provide education, and help facilitate behavior changes that will reduce their risk of acquiring or transmitting HCV.

## **II. Importance of testing and prevention counseling guidelines to the Department of Veterans Affairs Medical Centers and the people we serve:**

The hepatitis C virus (HCV) is a blood-borne virus that affects over four million individuals in the United States and is one of the leading causes of liver transplantation in this country. Studies conducted at Department of Veterans Affairs medical facilities have shown a significant prevalence of HCV infection among the veteran population. In response to the physical, social, and emotional challenges of being tested and counseled for hepatitis C, the Department of Veterans Affairs through its Centers of Excellence in Hepatitis C Research and Education have developed the following guidelines to assist health care providers who counsel and test patients for hepatitis C.

## **III. Goals of HCV testing and prevention counseling at VA medical centers:**

- Assist patients in the decision process to be tested for HCV.
- Provide education and information on HCV transmission, treatment and resources.
- Assess patient risk and develop an individualized risk-reduction plan.
- Prepare the patient for delivery and interpretation of test results.
- Identify those infected with HCV and link them to medical resources and treatment.
- Provide appropriate referrals to support services.

## **IV. Stages of counseling patients for the hepatitis C virus:**

### **Stage 1: Pretest Counseling**

#### **A. Introduction to HCV testing:**

- Discuss the VA's commitment to testing and screening for HCV in response to the significant prevalence of HCV infection among veterans.
- Reinforce with patient that HCV antibody testing is voluntary. Refusal by the patient to have an anti-HCV test performed will not impede the patient's access to health care.

#### **B. Establish and identify your patient's risk for hepatitis C infection:**

- Identify and discuss behaviors and history that may pose risk for HCV.
- Document risk factors for HCV infection.

**C. Utilize the VA Screening Guidelines for anti-HCV testing:**

**Patient desires to be tested, *or***

- One or more of the following risks are identified:

**Vietnam-era veteran <sup>1</sup>**

**Blood transfusion before 1992**

**Past or present intravenous drug use**

**Unequivocal blood exposure of skin or mucous membranes**

**History of multiple sexual partners<sup>2</sup>**

**History of hemodialysis**

**Tattoo or repeated body piercing (circumstances most important)**

**History of intranasal cocaine use**

**Unexplained liver disease**

**Unexplained/abnormal ALT**

**Intemperate or immoderate use of alcohol<sup>3</sup>**

Note: These variables may be interrelated and are not necessarily independently related to risk for HCV infection.

**D. Discuss referrals for voluntary screening and testing for other diseases that may share some risk factors with HCV such as HIV and HBV, particularly if the risk history reveals that the patient is engaging in:**

- Unprotected sex with multiple partners, or a partner known to be infected with HIV or HBV
- I.V. drug use, especially sharing works with others
- Exchange of sex for money and/or drugs

**E. Work with patient to develop a risk-reduction plan:**

- Discuss ways to prevent transmission of HCV to self or others based on risk factors identified during the risk assessment.
- Based on risk factors identified, encourage the patient to undergo testing and screening for other conditions such as HBV, HIV and STDs and provide possible referrals for testing and screening.
- Address strategies to reduce risk based on the Centers for Disease Control and Prevention guidelines.

**F. Assess patient's readiness and resources for prevention of HCV infection and transmission:**

- Inquire into patient's ability and willingness to minimize infection and perceived self-efficacy in prevention of infection.
- Discuss any cultural issues and/or barriers that prevent the patient from reducing risk of HCV infection, including previous attempts at HCV preventive behaviors that were unsuccessful.

<sup>1</sup> As currently determined by dates of service or in the age range of 40 to 55 years

<sup>2</sup> Defined as more than 10 lifetime sexual partners

<sup>3</sup> Defined as more than 50g of alcohol per day for ten or more years (roughly 10-14 grams of alcohol = 1 beer)

- Based on the individual risk for HCV infection, assist the patient in identifying and generating risk reduction strategies that the patient would be comfortable using, such as utilizing needle-exchange programs in the community instead of reusing needles.
- Provide information and referrals if necessary which may assist patient in reducing risk for HCV such as chemical dependence counseling and/or support groups.

#### **Prevention messages for persons with high-risk drug or sexual practices<sup>4</sup>**

##### **1. Persons who use or inject illegal drugs should be advised:**

- To stop using and injecting drugs.
- To enter and complete substance-abuse treatment, including relapse prevention programs.
- If continuing to inject drugs,
  - never reuse or “share” syringes, needles, water, or drug preparation equipment; if injection equipment has been used by other persons, first clean the equipment with bleach and water;
  - use only sterile syringes obtained from a reliable source (e.g., pharmacies);
  - use a new sterile syringe to prepare and inject drugs;
  - use sterile water to prepare drugs; otherwise, use clean water from a reliable source (such as fresh tap water);
  - use a new or disinfected container (“cooker”) and a new filter (“cotton”) to prepare drugs;
  - clean the injection site before injection with a new alcohol swab; and
  - safely dispose of syringes after one use.
- To get vaccinated against hepatitis B and hepatitis A.

##### **2. Persons who are at risk for sexually transmitted diseases should be advised**

- That the surest way to prevent the spread of HIV infection and other sexually transmitted diseases is to have sex with only one uninfected partner or not to have sex at all.
- To use latex condoms correctly and every time to protect themselves and their partners from diseases spread through sexual activity.
- To get vaccinated against hepatitis B, and if appropriate, hepatitis A.

<sup>4</sup> Centers for Disease Control and Prevention. Recommendations for prevention and control of hepatitis C virus (HCV) infection and HCV-related chronic disease. MMWR 1998; 47(No. RR-19): 18.

**G. Assist patient with the decision to be tested for HCV. Use risk assessment and risk-reduction plan as a guide.**

- If patient does not decide to test, provide written information and document decision and pertinent risk factors discussed.
- If patient decides to test, proceed with steps below.

**H. Discuss testing methods and procedures:**

- Testing is voluntary.
- Refusal to have an anti-HCV test performed will not impede the patient's access to health care.
- Explain to the patient that blood will be drawn and tested for the hepatitis C antibody.
- Explain conditions of confidentiality. Emphasize to patient that the result of the test will be stored in the patient's medical chart. Any illegal or unauthorized use of the anti-HCV test result or any other aspect of the patient's medical history is strictly prohibited by the Department of Veterans Affairs.

**I. Briefly discuss the natural history of HCV:**

- The majority of people with HCV infection present with few or no symptoms, but many of these people can still transmit the virus.
- Many people develop chronic hepatitis C infection and a subset of this population may develop significant liver disease.
- Anti-HCV can be detected in roughly 80% of patients within 15 weeks of exposure and >97% within six months of exposure.
- Elevated liver enzymes (e.g., serum ALT levels) are usually the first indication of infection, but normal liver enzyme levels do not indicate resolution of HCV infection.

**J. Discuss some ways in which hepatitis C is not spread:**

- According to the Centers for Disease Control and Prevention, HCV is not spread by:

sneezing,  
coughing,  
hugging,  
food or water,  
sharing eating utensils or drinking glasses,  
or casual contact.

**K. Discuss the advantages and disadvantages for the patient of knowing his/her HCV serological status.**

**Advantages:**

- Patients may find reassurance in knowing their test results.
- Education on transmission prevention for those who test positive can help prevent transmission to family members, sexual partners and others.
- The patient can develop strategies to keep his/her liver healthy. For example, through the avoidance of alcohol and certain drugs which are hepatotoxic, the patient can prevent additional damage to the liver.
- The patient may develop a better awareness of his/her risk for other types of viral hepatitis such as hepatitis A virus (HAV) and hepatitis B virus (HBV) and be vaccinated for those viruses, if appropriate.
- Early diagnosis and additional tests can help the practitioner refine the diagnosis as well as determine the severity of liver injury caused by HCV.
- Although there is neither a predictable cure nor vaccine for HCV, there are treatments currently available.

**Disadvantages:**

- The patient may experience anxiety related to being tested for HCV, regardless of the test outcome.
- There is neither a vaccine nor a predictable cure for HCV. There are treatments for HCV. However, these medications are still being tested and refined. Therefore, being tested and found positive will not ensure that treatment will work for the patient.
- The patient needs to be informed that testing positive for HCV could cause **potential:**
  - ❑ Disrupted personal relationships
  - ❑ Inability to obtain life and health insurance
  - ❑ Difficulties in employment or educational opportunities
- The majority of individuals who are diagnosed with HCV infection are chronic carriers of HCV. The patient may experience psychological and physical distress related to being diagnosed with a chronic illness.

**L. Prepare patient for possible test result outcomes and posttest counseling:**

- The patient will receive one of the following test results: negative, positive or indeterminate. Explain that possible re-testing may be needed depending on the result outcome and risk factors.
- Refer to the Hepatitis C Antibody Screening Flow Chart for the Veteran Population. (*see page 10*)
- Discuss the limitations of the ELISA test<sup>5</sup>
  - ❑ The newer version of the ELISA test has a greater sensitivity of  $\geq 97\%$ . This means that the test will detect HCV antibodies in infected patients approximately 97% of the time. ELISA will fail to

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<sup>5</sup> Centers for Disease Control and Prevention. Recommendations for prevention and control of hepatitis C virus (HCV) infection and HCV-related chronic disease. MMWR 1998; 47(No. RR-19): 18: 10-12.

detect HCV antibodies in HCV-infected patients about 3% of the time.

- ❑ The hepatitis C antibody can be detected in roughly 80% of patients within 15 weeks of exposure and >90% of patients within 5 months of exposure, and in greater or equal of 97% of patients by 6 months after exposure. Blood drawn during the period of initial infection and emergence of anti-HCV antibodies may yield false-negative test results.
  - ❑ False-negativity sometimes occurs in those with HCV infection who are immunocompromised.
  - ❑ Presence of anti-HCV does not differentiate between acute, chronic or resolved infection.
- Discuss the reliability of the anti-HCV antibody test, and the need for confirmation of test results.
  - ❑ Discuss the sensitivity and specificity of tests used to diagnose HCV infection. The newer version of the ELISA test has a sensitivity of greater or equal than 97%. This means that the test will detect HCV antibodies in infected patients approximately 97% of the time.
  - ❑ Address the possible need for supplemental testing such as RIBA or PCR. RIBA (recombinant immunoblot assay) is a highly specific test. It is useful in minimizing false-positive results in a low risk population for infection (i.e. blood donors). PCR (polymerase chain reaction) identifies HCV RNA.
- Discuss the need for possible confirmation of positive test results or indeterminate results through supplemental testing such as RIBA or PCR.
  - ❑ RIBA is a highly specific test. It is useful in minimizing false-positive results in a low risk population for infection (i.e. blood donors).
  - ❑ PCR identifies HCV RNA and is highly sensitive, but has not been approved by the FDA (Food and Drug Administration).
  - ❑ RIBA and/or PCR for HCV RNA may be required in a high risk population for infection, i.e. injection drug users with normal liver function tests.
  - ❑ Schedule a return date to meet with physician, nurse, or counselor to discuss test results and schedule appropriate follow-up appointments. (Each VA medical facility should have a knowledgeable health care professional to provide results and education in a confidential manner. This person should also be available for the patient during the waiting period for test results. This person ideally should be a trained counselor who is skillful at providing test results such as a physician, nurse, and/or HIV counselor.)

- Emphasize the need for the patient to return to clinic for the test result on the scheduled date.
- Encourage the patient to contact the VA center prior to the return appointment if he/she has any questions and/or concerns relating to the HCV antibody testing process.

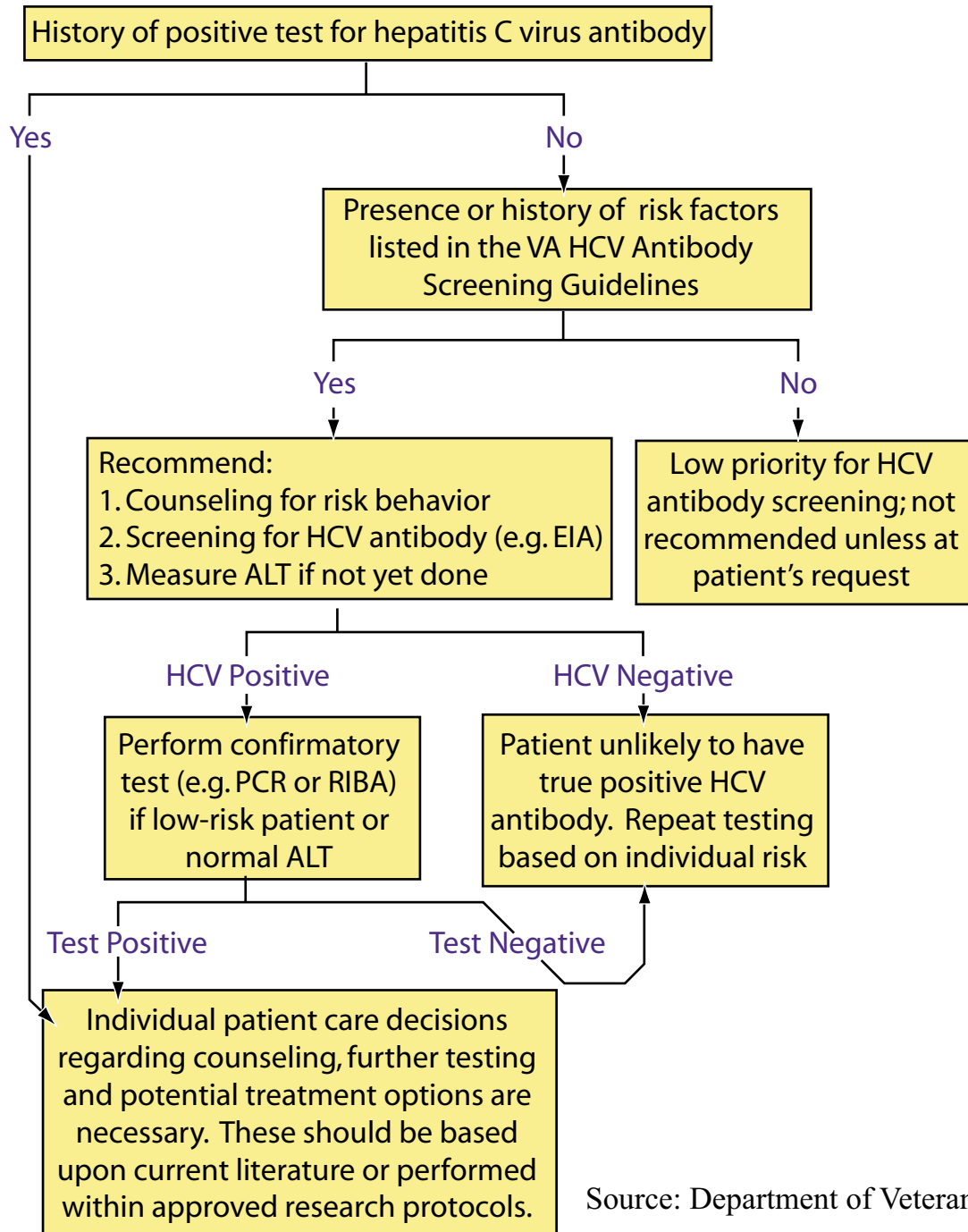
**M. Provide written information on HCV testing and prevention counseling:**

- Reinforce and supplement testing, prevention counseling and education.
- Provide current and accurate information geared toward the veteran patient being tested for the hepatitis C antibody and patient appropriate risk-reduction activities.

*(see index of patient educational materials on Attachment B)*



# Hepatitis C Virus Antibody Screening Flow Chart for the Veteran Population



Source: Department of Veteran Affairs

## **Stage 2: Posttest Counseling**

### **A. Inform the patient of the test result. Assist the patient in understanding the meaning of the test result.**

#### **Negative Results:**

- A negative result means that the test did not detect HCV antibodies in the blood, suggesting that the patient is unlikely to be infected with HCV unless the patient is immunocompromised.
- Explain to the patient that the antibody tests are not fail-safe and can yield incorrect results, especially in persons who are immune-compromised. In certain cases, additional testing may be necessary.
- Evaluate patient's emotional status upon receiving test result.
- Suggest the necessity of re-testing if exposure was recent (within 6 months) and the patient is in a high-risk category (i.e. recent history of injection drug use).
- Suggest the need for testing for HCV RNA if the patient is immune-compromised.
- Allow time for the patient to ask questions regarding test result and assess the patient's comprehension of the test outcome.
- Reinforce risk-reduction plan discussed in pretest counseling session.
- Provide educational materials on HCV prevention and risk-reduction strategies.
- Discuss resources available to patient within the VA health care system and community. Strongly encourage patient to utilize mental health, substance abuse programs and other resources/referrals at VA Medical and Vet Centers.
- Provide a list of resources within the VA health care system and community that may address the needs of the patient.
- Document post-test counseling, risk-reduction plan discussed and referrals made.

#### **Indeterminate Results:**

- This means that it is uncertain as to whether or not the patient is infected with HCV. The patient could be in the process of forming antibodies, or other viral or immune factors are present that are not related to HCV. In addition, this result could indicate a laboratory processing error.
- Additional screening and/or antibody testing is needed to make a formal diagnosis.
- Document post-test counseling, risk-reduction plan discussed and referrals made.

**Positive Results:**

- Inform the patient that antibodies against HCV were detected in his/her blood, suggesting that the patient may be infected with HCV. This result does not indicate whether infection is acute, chronic, resolved or an incorrect result.
- Evaluate the patient's emotional status upon receiving test result.
- Discuss the necessity for confirmatory testing. Explain to the patient that the antibody tests are not fail-safe and can yield incorrect results.
- Discuss the natural history of hepatitis C infection, emphasizing that while the virus can cause significant morbidity and impair the quality of life, only a minority of infections leads to life-threatening complications.
- Discuss how the virus is transmitted.
- Discuss how the virus is **not** transmitted.
- Discuss resources available to patient within the VA health care system and in the community. Identify VA resources for further assessment, evaluation and support.
- Provide a list of resources for the patient within the VA and in the community.
- Discuss issues of disclosure: notifying others such as household members, sexual partners, and health care providers.
- Emphasize and illustrate ways to maintain wellness:
  - ❑ Avoid alcohol
  - ❑ Practice good nutrition
  - ❑ Exercise
  - ❑ Encourage patient to check with his/her health care provider before beginning new medications including herbal treatments
  - ❑ Encourage the patient to get vaccinated against hepatitis A virus (HAV) and hepatitis B virus (HBV) to prevent superimposed infections if he/she has not had these illnesses or been vaccinated previously
- Identify when the patient will return for confirmatory testing and/or medical evaluation.
- Explain to the patient that supplemental tests may help refine the diagnosis.
- Encourage the patient to discuss results with all sexual or IV drug-sharing partners. Make recommendations for partner testing and where testing is available. Provide a list of resources within the community for partner or family testing.
- Document posttest counseling, risk-reduction plan discussed and referrals made.

***CDC recommendations for patients who receive  
positive HCV test results***

**1. Protect the liver from further harm**

- Avoid alcohol consumption
- Do not start new medications, including herbal or over-the-counter medications, without consulting a physician
- Get vaccinated for hepatitis A if liver disease is present

**2. Minimize the risk of transmission to others**

- Do not donate blood, body organs, tissue, or semen
- Do not share appliances that may have blood on them, such as toothbrushes, dental appliances, razors, nail clippers, etc.
- Cover sores or open wounds on the skin to prevent spreading of infectious blood or secretions

**3. HCV-positive persons with one long-term steady sex partner do not need to change sexual practices**

- The risk of transmitting the virus to the uninfected partner is low, but not absent
- Discuss the risk with the partner and the possibility of the need for counseling and testing
- The consistent and effective use of barrier precautions, e.g. latex condoms, further lowers the risk of transmission

**4. HCV-positive patients should be evaluated for the presence or development of chronic liver disease**

- Assess biochemical test results for evidence of liver disease
- Assess the severity of liver disease
- Discuss and evaluate possible treatment strategies according to current practice guidelines with a knowledgeable specialist

**5. Other important counseling points**

- HCV is not spread by sneezing, hugging, coughing, food or water, sharing eating utensils or drinking glasses, or casual contact
- HCV-positive people should not be excluded from participating in normal, every day activities, such as work, school, play, childcare, etc.
- HCV support groups may help and educate the patient in dealing with the infection

**The following are lists of organizations that provide information on hepatitis C. These lists were compiled by the Centers of Disease Control and Prevention. \***

**Resources for Health Care Providers**

**American Association for the Study of Liver Diseases (AASLD)**

1729 King Street, Suite 100  
Alexandria, VA 22314-2720  
(703) 299-9766  
(706) 299-9622 fax  
email: [aasld@aasld.org](mailto:aasld@aasld.org)  
<http://www.aasld.org>

**American College of Gastroenterology (ACG)**

4900 B South 31<sup>st</sup> St  
Arlington, VA 22206  
(703) 820-7400  
(703) 931-4520 fax  
<http://www.acg.gi.org>

**Centers for Disease Control and Prevention**

Hepatitis Branch; Mailstop G-37  
1600 Clifton Rd, N.E.  
Atlanta, GA 30333  
(888) 4 HEP-CDC (443-7232)  
<http://www.cdc.gov>

**Digestive Health Initiative**

7910 Woodmont Ave, Suite 700  
Bethesda, MD 20814  
(800) 668-5237  
(301) 654-2055  
(301) 654-3890 fax  
email: [mgoslin@gastro.org](mailto:mgoslin@gastro.org)  
<http://www.gastro.org>

**Immunization Action Coalition (IAC)/ Hepatitis B Coalition**

1573 Selby Ave, Suite 234  
St. Paul, MN 55104-6328  
(612) 647-9009  
(651) 647-9131 fax  
email: [admin@immunize.org](mailto:admin@immunize.org)  
<http://www.immunize.org>

**National Digestive Diseases Information Clearinghouse (NDDIC)**

2 Information Way  
Bethesda, MD 20892-3570  
(301) 654-3810

(301) 907-8906

<http://www.niddk.nih.gov>

**National Foundation for Infectious Diseases (NFID)**

4733 Bethesda Ave, Suite 750

Bethesda, MD 20814 20814

(301) 656-0003

email: [info@nfid.org](mailto:info@nfid.org)

<http://www.nfid.org>

**Resources for Patients**

**American College of Gastroenterology (ACG)**

4900 B South 31<sup>st</sup> St

Arlington, VA 22206

(703) 820-7400

(703) 931-4520 fax

<http://www.acg.gi.org>

**American Liver Foundation (ALF)**

75 Maiden Lane, Suite 603

New York, NY 10038-4810

(800) GO-LIVER (465-4837) or

(888) 4 HEP-ABC (443-7222)

email: [webmail@liverfoundation.org](mailto:webmail@liverfoundation.org)

<http://www.liverfoundation.org>

**Centers for Disease Control and Prevention**

Hepatitis Branch; Mailstop G-37

1600 Clifton Rd, N.E.

Atlanta, GA 30333

(888) 4 HEP-CDC (443-7232)

<http://www.cdc.gov/ncidod/diseases/hepatitis/index.htm>

**Digestive Health Initiative**

7910 Woodmont Ave, Suite 700

Bethesda, MD 20814

(800) 668-5237

<http://www.gastro.org/dhi.html>

**Hepatitis B Foundation**

700 E. Butler Ave

Doylestown, PA 18901

(215) 489-4900

<http://www2.hepb.org/hepb/>

**Hepatitis C Foundation**

1502 Russet Drive  
Warminster, PA 18974  
(214) 672-2606  
(215) 672-1518 fax  
<http://www.hepcfoundation.org>

**Hepatitis Foundation International (HFI)**

30 Sunrise Terrace  
Cedar Grove, NJ 07009-1423  
(800) 891-0707  
(973) 857-5044 fax  
<http://www.hepfi.org>

**Immunization Action Coalition (IAC)/Hepatitis B Coalition**

1573 Selby Ave, Suite 234  
St. Paul, MN 55104  
(651) 647-9009  
(651) 647-9131 fax  
<http://www.immunize.org>

**National Digestive Diseases Information Clearinghouse (NDDIC)**

2 Information Way  
Bethesda, MD 20892-3570  
(301) 654-3810  
<http://www.niddk.nih.gov>

**National Foundation for Infectious Diseases (NFID)**

4733 Bethesda Ave, Suite 750  
Bethesda, MD 20814  
(301) 656-0003  
(301) 907-0878 fax  
email: [info@nfid.org](mailto:info@nfid.org)  
<http://www.nfid.org>

**\* These lists were last revised/updated January 2001.**



## HCV RISK FACTOR ASSESSMENT (SAMPLE)

1. Why did you come to be tested for hepatitis C?  
\_\_\_\_\_
2. Have you ever been tested for hepatitis C in the past?  
Yes\_\_\_\_ No\_\_\_\_ Don't know\_\_\_\_ Declines to answer\_\_\_\_  
If yes, when? \_\_\_\_\_
3. Have you ever received a blood transfusion or blood products before 1992?  
Yes\_\_\_\_ No\_\_\_\_ Don't know\_\_\_\_ Declines to answer\_\_\_\_
4. Have you ever injected drugs?  
Yes\_\_\_\_ No\_\_\_\_ Declines to answer\_\_\_\_
5. If yes, do you currently inject drugs?  
Yes\_\_\_\_ No\_\_\_\_ Declines to answer\_\_\_\_
6. Have you ever snorted cocaine?  
Yes\_\_\_\_ No\_\_\_\_ Declines to answer\_\_\_\_
7. Do you use latex condoms and/or other barrier methods every time you engage in sexual activity?  
Yes\_\_\_\_ No\_\_\_\_ Declines to answer\_\_\_\_
8. Have you ever been tested for HIV (human immunodeficiency virus)?  
Yes\_\_\_\_ No\_\_\_\_ Declines to answer\_\_\_\_
9. How many sexual partners have you had (lifetime)? \_\_\_\_\_
10. Have you ever had any sexually transmitted diseases?  
Yes\_\_\_\_ No\_\_\_\_  
List type and how many times \_\_\_\_\_
11. Have you ever worked in a healthcare setting?  
Yes\_\_\_\_ No\_\_\_\_ Declines to answer\_\_\_\_
12. If yes, were you ever stuck or cut with a sharp object after it had contact with someone else's blood?  
Yes\_\_\_\_ No\_\_\_\_ Declines to answer\_\_\_\_





## HCV RISK FACTOR ASSESSMENT (SAMPLE)

13. Have you ever been tattooed?  
Yes\_\_\_\_ No\_\_\_\_ Declines to answer\_\_\_\_
14. Have you ever had a body piercing? (ears, genitalia, tongue, nipples, etc.)  
Yes\_\_\_\_ No\_\_\_\_ Declines to answer\_\_\_\_
15. Have you ever been in a drug treatment program for alcohol or other drugs?  
Yes\_\_\_\_ No\_\_\_\_ Declines to answer\_\_\_\_
16. Have you ever you felt that you should *cut* down on your drinking?  
Yes\_\_\_\_ No\_\_\_\_ Declines to answer\_\_\_\_
17. Have people *annoyed* you by criticizing your drinking?  
Yes\_\_\_\_ No\_\_\_\_ Declines to answer\_\_\_\_
18. Have you ever felt bad or *guilty* about your drinking?  
Yes\_\_\_\_ No\_\_\_\_ Declines to answer\_\_\_\_
19. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (*eye-opener*)?  
Yes\_\_\_\_ No\_\_\_\_ Declines to answer\_\_\_\_
20. Have you ever been in combat?  
Yes\_\_\_\_ No\_\_\_\_ Declines to answer\_\_\_\_  
If yes, which era? \_\_\_\_\_
21. If yes, did someone else's blood ever get on your skin?  
Yes\_\_\_\_ No\_\_\_\_ Declines to answer\_\_\_\_
22. Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Attachment B**

The following list of patient education handouts can be downloaded from the VA HCV website at <http://www.va.gov/hepatitisc>

The patient education section of the website is frequently expanded and the website may include additional materials for patients not listed on this attachment. \*

### **Information on the Liver**

The Liver  
Liver Biopsy  
Liver Transplant

### **Hepatitis C**

Hepatitis C Quiz  
Do I need to be tested for hepatitis C?  
If you have hepatitis C virus (HCV) infection  
Treatments for HCV  
Side Effects of HCV Treatment  
HIV and HCV  
Coping with HCV Infection: Diet and Nutrition  
Coping with HCV: Alternative or Complementary Therapies  
Sex and Hepatitis C  
Challenges of HCV Treatment for Veterans in Drug and Alcohol Dependency Programs  
Clinical Trials and Hepatitis C Treatment

### **Hepatitis B**

Hepatitis B Virus (HBV)  
Chronic Hepatitis B  
Hepatitis B Treatments

### **Hepatitis A**

Hepatitis A Virus (HAV)  
About the Vaccine for Hepatitis A Virus (HAV)

**\* This list was last updated/revised May 01, 2001.**

***The Hepatitis C Virus (HCV) Testing and Prevention Counseling Guidelines for VA Health Care Practitioners*** can be used to assist health care providers in the Department of Veterans Affairs Medical Centers who are counseling and testing their patients for the hepatitis C virus. We urge health care providers to use these guidelines in conjunction with the recommendations and reports provided by the Centers for Disease Control and Prevention and the National Institutes of Health. Please visit the Department of Veterans Affairs Centers of Excellence in Hepatitis C Research and Education HCV website at <http://www.va.gov/hepatitisc>